

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012162

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

Primary Registration District No.

3000

Registrar's No.

127

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkville		c. CITY OR TOWN Green City 10 50 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		d. STREET ADDRESS (If outside, give location) No street address	
Length of stay in lb 2 weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sylvia Middle May Last Morris		4. DATE OF DEATH Month April Day 17 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-20-1893
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months --- Days --- IF UNDER 24 HRS. Hours --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home	
11. BIRTHPLACE (City and state or country) Browning, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John B. Riddle		13b. MOTHER'S MAIDEN NAME Rosalee Beck	
14. NAME OF HUSBAND OR WIFE Alva Morris		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 494-44-1364		17. INFORMANT Mrs. Walter Burruss, Milan, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER L. BREAST Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) With metastasis to Rt. Lung DUE TO (c) AND BRAIN 170X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Moderate Anemia		INTERVAL BETWEEN ONSET AND DEATH Prior to FEB 1958	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Green City, Mo.	
20g. COUNTY Sullivan		20h. STATE Mo.	
21. I attended the deceased from Death occurred at 4-4-59 to 4-17-59 and last saw her alive on 4-16-59 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) 2 Earl Laughlin Jr.	
22b. ADDRESS Berkshire, Mo.		22c. DATE SIGNED 4-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-19-1959	
23c. NAME OF CEMETERY OR CREMATORY Baker Cemetery		23d. LOCATION (City, town, or county) (State) Sullivan County, Mo.	
24. FUNERAL DIRECTOR Glenn E. Featerson, Green City, Mo.		25. DATE RECD. BY LOCAL REG. 4-22-1959	
26. REGISTRAR'S SIGNATURE David W. Ratliff			

(Licensee's Statement on Reverse Side)

EARL LAUGHLIN JR. DO
All diseases in Part I must be causally related.
Cause, manner, etc. must use only standard nomenclature in item 18. No abbreviations will be accepted.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 28 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.